

## DMV Lane Technician Observation Report

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| <b>DMV Technician:</b> <i>Holmes</i> |   | <b>Position:</b> 1 or 2                   |  |
| <b>Station:</b> <i>New Castle</i>    | <b>Date:</b> <i>4-3-13</i>                | <b>Time:</b> <i>2:00</i>                  |  |
| <b>Vehicle Make:</b> <i>NISSAN</i>   | <b>Model:</b> <i>4-3-MAXIMA</i>           | <b>Year:</b> <i>2009</i>                  |  |
| <b>GVWR:</b>                         | <b>Fuel Type:</b> <i>GAS</i>              | <b>Registration Number:</b> <i>535974</i> |  |
| <b>Auditor:</b> <i>Reynolds</i>      | <b>Covert / <u>Overt</u></b> (circle one) |   |  |

  

|  | YES      | NO       | N/A      |
|--|----------|----------|----------|
| 1. Did technician check vehicle paper work and verify VIN number?    | <i>✓</i> |          |          |
| 2. Was <b>Emissions</b> testing required?                            | <i>✓</i> |          |          |
| a) Was Emissions testing performed using OBD?                        | <i>✓</i> |          |          |
| b) Was Emissions testing performed using Analyzer Probe?             |          |          |          |
| c) Was Emissions testing performed using Paddle(s)?                  |          |          |          |
| d) Was Emissions testing performed using Clip?                       |          |          |          |
| 3. Was <b>Catalytic Converter</b> inspection required?               |          |          | <i>✓</i> |
| a) Was Catalytic Converter inspection performed?                     |          |          |          |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |          |          | <i>✓</i> |
| a) Was Fuel Tank pressure testing performed?                         |          |          |          |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |          |          | <i>✓</i> |
| a) Was Fuel Cap pressure testing performed?                          |          |          |          |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |          |          | <i>✓</i> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |          |          |          |
| b) If this is re-check #3, was repair paperwork verified for waiver? |          |          |          |
| <b>New Castle and Kent Counties Only</b>                             |          |          |          |
| 7. Was Two-Speed Idle testing required?                              |          | <i>✓</i> |          |
| a) Was Two-Speed Idle testing performed?                             |          |          |          |
| <b>Sussex County Only</b>  |          |          |          |
| 8. Was <b>Curb Idle</b> testing required?                            |          |          |          |
| a) Was Curb Idle testing performed?                                  |          |          |          |
| <b>Comment:</b>  |          |          |          |
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## DMV Lane Technician Observation Report

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| <b>DMV Technician:</b> <u>Guadalupe</u>                              |                              | <b>Position:</b> <u>1 or 2</u>            |                                     |
| <b>Station:</b> <u>114 Bayview</u>                                   |                              | <b>Date:</b> <u>1</u>                     | <b>Time:</b> <u>1:20</u>            |
| <b>Vehicle Make:</b> <u>Honda</u>                                    |                              | <b>Model:</b> <u>5470 FE</u>              | <b>Year:</b> <u>2002</u>            |
| <b>GVWR:</b> <u>5238</u>   | <b>Fuel Type:</b> <u>Gas</u> | <b>Registration Number:</b> <u>290895</u> |                                     |
| <b>Auditor:</b> <u>Comdale</u>                                       |                              | <b>Covert / Overt</b> (circle one)        |                                     |
|  |                              | <b>YES</b>                                | <b>NO</b>                           |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <input checked="" type="checkbox"/>       |                                     |
| 2. Was <b>Emissions</b> testing required?                            |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Emissions testing performed using OBD?                        |                              | <input checked="" type="checkbox"/>       |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |   |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |   |                                     |
| d) Was Emissions testing performed using Clip?                       |                              |   |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              |   | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                              |   | <input checked="" type="checkbox"/> |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                              |   | <input checked="" type="checkbox"/> |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                              |   | <input checked="" type="checkbox"/> |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              |   | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |   |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |   |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                              |   |                                     |
| 7. Was Two-Speed Idle testing required?                              |                              |   | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed?                             |                              |   |                                     |
| <b>Sussex County Only</b>  |                              |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |   |                                     |
| a) Was Curb Idle testing performed?                                  |                              |   |                                     |
| <b>Comment:</b>  |                              |   |                                     |
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## DMV Lane Technician Observation Report

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| <b>DMV Technician:</b> <u>Bond, Doug</u>                             |                                     | <b>Position:</b> <u>1 or 2</u>                                 |                                     |
| <b>Station:</b> <u>New Castle</u>                                    |                                     | <b>Date:</b> _____ <b>Time:</b> <u>1:58</u>                    |                                     |
| <b>Vehicle Make:</b> <u>Dodge</u>                                    |                                     | <b>Model:</b> <u>104</u> <b>Year:</b> <u>1992</u>              |                                     |
| <b>GVWR:</b> _____   |                                     | <b>Fuel Type:</b> <u>GAS</u> <b>Registration Number:</b> _____ |                                     |
| <b>Auditor:</b> <u>Cornelia</u>                                      |                                     | <b>Covert / Overt</b> (circle one)                             |                                     |
|  | <b>YES</b>                          | <b>NO</b>  | <b>N/A</b>                          |
| 1. Did technician check vehicle paper work and verify VIN number?    | <input checked="" type="checkbox"/> |  |                                     |
| 2. Was <b>Emissions</b> testing required?                            | <input checked="" type="checkbox"/> |  |                                     |
| a) Was Emissions testing performed using OBD?                        |                                     |  | <input checked="" type="checkbox"/> |
| b) Was Emissions testing performed using Analyzer Probe?             |                                     |  | <input checked="" type="checkbox"/> |
| c) Was Emissions testing performed using Paddle(s)?                  |                                     |  | <input checked="" type="checkbox"/> |
| d) Was Emissions testing performed using Clip?                       |                                     |  | <input checked="" type="checkbox"/> |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                                     |  | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                                     |  |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   | <input checked="" type="checkbox"/> |  |                                     |
| a) Was Fuel Tank pressure testing performed?                         | <input checked="" type="checkbox"/> |  |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    | <input checked="" type="checkbox"/> |  |                                     |
| a) Was Fuel Cap pressure testing performed?                          | <input checked="" type="checkbox"/> |  |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                                     | <input checked="" type="checkbox"/>                            |                                     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                                     |  |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                                     |  |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                                     |  |                                     |
| 7. Was Two-Speed Idle testing required?                              | <input checked="" type="checkbox"/> |  |                                     |
| a) Was Two-Speed Idle testing performed?                             |                                     |  |                                     |
| <b>Sussex County Only</b>  |                                     |  |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                                     |  |                                     |
| a) Was Curb Idle testing performed?                                  |                                     |  |                                     |
| <b>Comment:</b>  |                                     |  |                                     |
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## DMV Lane Technician Observation Report

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| <b>DMV Technician:</b> <i>Cuevas Miguel</i>                          |                              | <b>Position:</b> 1 or 2 <i>2</i>             |            |
| <b>Station:</b> <i>New Castle</i>                                    |                              | <b>Date:</b>                                 |            |
| <b>Time:</b> <i>1:50</i>   |                              |  |            |
| <b>Vehicle Make:</b> <i>Ford</i>                                     |                              | <b>Model:</b> <i>Bronco</i>                  |            |
| <b>Year:</b> <i>1987</i>   |                              |  |            |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>GAS</i> | <b>Registration Number:</b> <i>PA 125295</i> |            |
| <b>Auditor:</b> <i>Quindale</i>                                      |                              | <b>Covert / <u>Overt</u></b> (circle one)    |            |
|  | <b>YES</b>                   | <b>NO</b>                                    | <b>N/A</b> |
| 1. Did technician check vehicle paper work and verify VIN number?    | <i>X</i>                     |  |            |
| 2. Was <b>Emissions</b> testing required?                            | <i>✓</i>                     |  |            |
| a) Was Emissions testing performed using OBD?                        |                              |  |            |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |  |            |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |  |            |
| d) Was Emissions testing performed using Clip?                       |                              |  |            |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              |  | <i>✓</i>   |
| a) Was Catalytic Converter inspection performed?                     |                              |  |            |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   | <i>✓</i>                     |  |            |
| a) Was Fuel Tank pressure testing performed?                         | <i>✓</i>                     |  |            |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    | <i>✓</i>                     |  |            |
| a) Was Fuel Cap pressure testing performed?                          | <i>✓</i>                     |  |            |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              | <i>✓</i>                                     |            |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |  |            |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |  |            |
| <b>New Castle and Kent Counties Only</b>                             |                              |  |            |
| 7. Was Two-Speed Idle testing required?                              | <i>✓</i>                     |  |            |
| a) Was Two-Speed Idle testing performed?                             | <i>✓</i>                     |  |            |
| <b>Sussex County Only</b>  |                              |  |            |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |  |            |
| a) Was Curb Idle testing performed?                                  |                              |  |            |
| <b>Comment:</b>  |                              |  |            |
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## DMV Lane Technician Observation Report

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| <b>DMV Technician:</b> <i>C. G. N. S. W. J. Joseph</i>               |                              | <b>Position:</b> <u>1 or 2</u>            |                                     |
| <b>Station:</b> <i>New Castle</i>                                    |                              | <b>Date:</b> <i>4-3-13</i>                | <b>Time:</b> <i>1:45</i>            |
| <b>Vehicle Make:</b> <i>Toyota</i>                                   |                              | <b>Model:</b> <i>Camry</i>                | <b>Year:</b> <i>2008</i>            |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>GAS</i> | <b>Registration Number:</b> <i>128694</i> |                                     |
| <b>Auditor:</b> <i>Courdak</i>                                       |                              | <b>Covert / <u>Overt</u></b> (circle one) |                                     |
|  |                              | <b>YES</b>                                | <b>NO</b>                           |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <input checked="" type="checkbox"/>       |                                     |
| 2. Was <b>Emissions</b> testing required?                            |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Emissions testing performed using OBD?                        |                              | <input checked="" type="checkbox"/>       |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |   |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |   |                                     |
| d) Was Emissions testing performed using Clip?                       |                              |   |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              |   | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                              |   |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                              |   |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                              |   |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              |   | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |   |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |   |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                              |   |                                     |
| 7. Was Two-Speed Idle testing required?                              |                              |   | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed?                             |                              |   |                                     |
| <b>Sussex County Only</b>  |                              |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |   |                                     |
| a) Was Curb Idle testing performed?                                  |                              |   |                                     |
| <b>Comment:</b>  |                              |   |                                     |
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## DMV Lane Technician Observation Report

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| <b>DMV Technician:</b> <u>Perry Erick</u>                            |                               | <b>Position:</b> <u>1 or 2</u>            |                                     |
| <b>Station:</b> <u>New Castle</u>                                    | <b>Date:</b> <u>8-21-13</u>   | <b>Time:</b> <u>1:25</u>                  |                                     |
| <b>Vehicle Make:</b> <u>T</u>  | <b>Model:</b> <u>4 Runner</u> | <b>Year:</b> <u>2004</u>                  |                                     |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <u>Gas</u>  | <b>Registration Number:</b> <u>990625</u> |                                     |
| <b>Auditor:</b>  |                               | <b>Covert / <u>Overt</u></b> (circle one) |                                     |
|  |                               | <b>YES</b>                                | <b>NO</b>                           |
| 1. Did technician check vehicle paper work and verify VIN number?    |                               | <input checked="" type="checkbox"/>       |                                     |
| 2. Was <b>Emissions</b> testing required?                            |                               | <input checked="" type="checkbox"/>       |                                     |
| a) Was Emissions testing performed using OBD?                        |                               | <input checked="" type="checkbox"/>       |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                               |   |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                               |   |                                     |
| d) Was Emissions testing performed using Clip?                       |                               |   |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                               |   | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                               |   |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                               |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                               |   |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                               |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                               |   |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                               |   |                                     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                               |   |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                               |   |                                     |
|  |                               |   |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                               |   |                                     |
| 7. Was Two-Speed Idle testing required?                              |                               |   | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed?                             |                               |   |                                     |
| <b>Sussex County Only</b>  |                               |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                               |   |                                     |
| a) Was Curb Idle testing performed?                                  |                               |   |                                     |
| <b>Comment:</b>  |                               |   |                                     |
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Revised 7/26/12



## DMV Lane Technician Observation Report

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|--|------------------------------|--|------------|
| <b>DMV Technician:</b> <i>Smith - Taha</i>                           |                              | <b>Position:</b> <i>1 or 2</i>           |            |
| <b>Station:</b> <i>Malibu</i>  | <b>Date:</b> <i>4-3-13</i>   | <b>Time:</b> <i>1:05</i>                 |            |
| <b>Vehicle Make:</b> <i>Honda</i>                                    | <b>Model:</b> <i>Accord</i>  | <b>Year:</b> <i>2000</i>                 |            |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>Gas</i> | <b>Registration Number:</b> <i>65416</i> |            |
| <b>Auditor:</b> <i>Courdale</i>                                      |                              | <b>Covert / Overt</b> (circle one)       |            |
|  |                              |  |            |
|  | <b>YES</b>                   | <b>NO</b>                                | <b>N/A</b> |
| 1. Did technician check vehicle paper work and verify VIN number?    | <i>L</i>                     |  |            |
| 2. Was <b>Emissions</b> testing required?                            | <i>L</i>                     |  |            |
| a) Was Emissions testing performed using OBD?                        | <i>L</i>                     |  |            |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |  |            |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |  |            |
| d) Was Emissions testing performed using Clip?                       |                              |  |            |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              |  | <i>L</i>   |
| a) Was Catalytic Converter inspection performed?                     |                              |  |            |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              |  | <i>L</i>   |
| a) Was Fuel Tank pressure testing performed?                         |                              |  |            |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              |  | <i>L</i>   |
| a) Was Fuel Cap pressure testing performed?                          |                              |  |            |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              | <i>L</i>                                 |            |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |  |            |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |  |            |
|  |                              |  |            |
| <b>New Castle and Kent Counties Only</b>                             |                              |  |            |
| 7. Was Two-Speed Idle testing required?                              |                              | <i>L</i>                                 |            |
| a) Was Two-Speed Idle testing performed?                             |                              |  |            |
|  |                              |  |            |
| <b>Sussex County Only</b>  |                              |  |            |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |  |            |
| a) Was Curb Idle testing performed?                                  |                              |  |            |
| <b>Comment:</b>  |                              |  |            |
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## DMV Lane Technician Observation Report

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| <b>DMV Technician:</b> <i>Briggs, Ronald</i>                         |                              | <b>Position:</b> <i>1 or 2</i>            |                                     |
| <b>Station:</b> <i>New Castle</i>                                    | <b>Date:</b> <i>4-3-13</i>   | <b>Time:</b> <i>1:10</i>                  |                                     |
| <b>Vehicle Make:</b> <i>Nissan</i>                                   | <b>Model:</b> <i>TR</i>      | <b>Year:</b> <i>2000</i>                  |                                     |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>Gas</i> | <b>Registration Number:</b> <i>258776</i> |                                     |
| <b>Auditor:</b> <i>Condra</i>  |                              | <b>Covert / <u>Overt</u></b> (circle one) |                                     |
|  |                              | <b>YES</b>                                | <b>NO</b>                           |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <input checked="" type="checkbox"/>       | <input type="checkbox"/>            |
| 2. Was <b>Emissions</b> testing required?                            |                              | <input checked="" type="checkbox"/>       | <input type="checkbox"/>            |
| a) Was Emissions testing performed using OBD?                        |                              | <input checked="" type="checkbox"/>       | <input type="checkbox"/>            |
| b) Was Emissions testing performed using Analyzer Probe?             |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| c) Was Emissions testing performed using Paddle(s)?                  |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| d) Was Emissions testing performed using Clip?                       |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
|  |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| <b>New Castle and Kent Counties Only</b>                             |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 7. Was Two-Speed Idle testing required?                              |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed?                             |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
|  |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| <b>Sussex County Only</b>  |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 8. Was <b>Curb Idle</b> testing required?                            |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| a) Was Curb Idle testing performed?                                  |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| <b>Comment:</b>  |                              |   |                                     |
|  |                              |   |                                     |
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Revised 7/26/12